## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

| AME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund  C C00053553   | Schedule E)  FOR SE OF FORM 24/48  |                   |   |
|--|--|-------------------|---|
| New report   | IAME OF COMMITTEE (In Full)  |                   |   |
| Date of Public Distribution/Dissemination   Date of Disbursement of Colligation   Date of Disbursement of Colligation   Date of Disbursement of Colligation   Date of Public Distribution/Dissemination   Date of Public Distribution/Disseminat   | National Rifle Association of America Political Victory Fund   |                   |   |
| Full Name of Payee  Calendar Year-To-Date Por Election for Office Sought  Purpose of Expenditure  Category/ Type  Purpose of Expenditure  Category/ Type  Cat  |  |                   | C C00053553                               |
| Full Name of Payee  Calendar Year-To-Date Por Election for Office Sought  Purpose of Expenditure  Category/ Type  Purpose of Expenditure  Category/ Type  Cat  |  |                   |   |
| Farm Science Review  | Check if 24-hour report X 48-hour report New report Amends report filed on   |                   |   |
| Mailing Address Ohio State University  550 Woody Hayes Drive, #232  City State Zip Code OH A3210  Purpose of Expenditure Calendar Year-To-Date Purpose of Expenditure  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Category/  Mailing Address  City State Zip Code  Calendar Year-To-Date Date Oppose President Senate State:  City State Zip Code  Disbursement for Obligation  Disbursement for Distribution Dissemination  City State Zip Code  Date of Disbursement or Obligation  City State Zip Code  Date of Disbursement or Obligation  Date  |  |                   | Date of Public Distribution/Dissemination |
| Transaction ID: \$1713877  Date of Expenditure Booth Rental  Name of Federal Candidate  David Joyce  Calendar Year-To-Date Per Election for Office Sought  City  State  Zip Code  Oppose  President  Senate State: OH  Disbursement For: Primary General  2014  Other (specify)  Name of Payee  Date of Public Distribution/Dissemination  Expenditure  Category/ Type  Out  Other (specify)  Date of Disbursement or Obligation  Disbursement For: Primary General  2014  Other (specify)  Name of Payee  Date of Public Distribution/Dissemination  Expenditure  Category/ Type  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Office Sought  Office Sought  Other (specify)  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Office Sought  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mary Rese Adkins  [Electronically Filed] Date 09 18 2014   |  |                   |   |
| City State Zip Code S70.00 Purpose of Expenditure Booth Rental Category/ Dose President State OH Disbursement or Obligation State OH   | Mailing Address Ohio State University  |                   | Amount                                    |
| Columbus  OH 43210  Furpose of Expenditure Booth Rental  Category/ Type  OA  Name of Federal Candidate David Joyce  Calendar Year-To-Date Per Election for Office Sought  City  State  Zip Code  Name of Federal Candidate  Date of Disbursement or Obligation  Date of Public Distribution/Dissemination  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Transaction ID 161  Date of Disbursement or Obligation  Date |  |                   |   |
| Purpose of Expenditure  Category/ Booth Rental  Name of Federal Candidate  Category/ Per Election for Office Sought  Full Name of Payee  Category/ Type  Date of Disbursement or Obligation  President Senate State: OH  Disbursement For: Primary General  President Senate State: OH  Disbursement For: Primary General  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Date of Disbursemen  |  | o Code            |   |
| Name of Federal Candidate   Support   Office Sought:   House District: 14   David Joyce   Oppose   President   Senate State: OH   Other (specify) ▶  |  | 3210              |   |
| David Joyce  |  |                   | M = M / D = D / Y = Y = Y                 |
| David Joyce  | Name of Federal Candidate  | X Support Office  | Sought: X House District: 14              |
| Per Election for Office Sought  Full Name of Payee  Date of Public Distribution/Dissemination  Mailing Address  Amount  City  State  Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mary Rose Adkins  [Electronically Filed]  Date Of Public Distribution/Dissemination  Date of Disbursement or Obligation  Purpose of Expenditure  Date of Disbursement or Obligation  Purpose of Expenditure  Date of Disbursement or Obligation  Purpose of Expenditure  Date of Disbursement or Obligation  Date of Disbursement or Obl  | David Joyce  |                   | President Senate State: OH                |
| Full Name of Payee    Date of Public Distribution/Dissemination  |  |                   |   |
| Mailing Address  City State Zip Code  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support Office Sought: House District:  Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  |  |                   | Other (specify) -                         |
| Mailing Address    Amount  | Full Name of Payee   |                   | Date of Public Distribution/Dissemination |
| City State Zip Code  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  Cother (specify)   (a) SUBTOTAL of Itemized Independent Expenditures   |  |                   | M M / D D / Y Y Y Y                       |
| City State Zip Code  Date of Disbursement or Obligation  Purpose of Expenditure  Category/ Type  Name of Federal Candidate  Support  Oppose  President  Senate  State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mary Rose Adkins  [Electronically Filed]  Date  Date of Disbursement or Obligation  |  |                   |   |
| Purpose of Expenditure    Date of Disbursement or Obligation   |  |                   | Amount                                    |
| Purpose of Expenditure    Category/ Type   | City State Zi  | p Code            |   |
| Purpose of Expenditure    Category/ Type   |  |                   |   |
| Name of Federal Candidate  Support Office Sought: House District: Oppose President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  (d) TOTAL Independent Expenditures  (e) TOTAL Independent Expenditures  (f) TOTAL Independent Expenditures  (g) TOTAL | Purpose of Expenditure   |                   |   |
| Calendar Year-To-Date Per Election for Office Sought  Cother (specify)  870.00  Cother (s  |  |                   | M = M / D = D / Y = Y = Y                 |
| Calendar Year-To-Date Per Election for Office Sought    Disbursement For: Primary General Other (specify)  | Name of Federal Candidate  | Support Office    | Sought: House District:                   |
| Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures   |  | Oppose            | President Senate State:                   |
| Per Election for Office Sought  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures   | Calendar Vaar-To-Date  | Disbu             | rsement For: Primary General              |
| (c) TOTAL Independent Expenditures   |  |                   |   |
| (c) TOTAL Independent Expenditures   | -  |                   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Mary Rose Adkins   [Electronically Filed]   Date   O9   18   2014   | (a) SUBTOTAL of Itemized Independent Expenditures  |                   | 870.00                                    |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Mary Rose Adkins   [Electronically Filed]   Date   O9   18   2014   |  |                   | 7-1-7-1                                   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Mary Rose Adkins   [Electronically Filed]   Date   | (b) SUBTOTAL of Unitemized Independent Expenditures  |                   |   |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.    Mary Rose Adkins   [Electronically Filed]   Date   | (a) TOTAL Independent Expanditures   |                   |   |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mary Rose Adkins  [Electronically Filed]  Date  Date  | 870.00   |                   |   |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Mary Rose Adkins  [Electronically Filed]  Date  Date  |  |                   |   |
| [Electronically Filed] Date 09 18 2014   | with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political |                   |   |
| [Electronically Filed] Date 09 18 2014   | M. D. Alli   |                   |   |
|  |  | lly Filed] Date 0 |   |
|  |  |                   |   |